

STAFFING RECOMMENDATIONS FOR CHILDREN WITH SPECIAL NEEDS

Child's Name: _____ Child's Age: _____

Type(s) of Disability/Special Needs: _____

Degree of Disability: Mild _____ Moderate _____ Severe _____ N/A _____

Family Day Home Address _____

Telephone Number _____

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* **Please follow the instructions on the back of form:** (Check only one)

- ☐ 1. The family day home's capacity , adult to child ratios, or points do not need to be adjusted.

Explain: _____

- ☐ 2. The family day home's capacity needs to be reduced by one child in this child's age group.

Explain: _____

- ☐ 3. This child needs to be counted in the ratios with children in a younger age group (applies only to a child older than 15 months).

Explain: _____

Parent (s) Name (s)

Parent (s) Signature (s)

Date

Provider's Name

Provider's Signature

Date

CSB/Local DSS Representative

Representative's Signature

Date

INSTRUCTIONS:

The child's parent(s) and the provider are to mutually determine a recommendation for the appropriate level of staffing they think is necessary to accommodate a child with special needs. If the cost of this child's care is subsidized, the provider must consult with the local Community Services Board caseworker or department of social services caseworker to review the recommendation. The completed form is to be signed by the parent, provider, and caseworker.

Please check only one of the recommendations on this form and explain your reason for selecting the recommendation as follows:

1. If block #1 is checked: explain how the child will be integrated into the child day program or any necessary adjustments that need to be made to accommodate the child.
2. If block #2 is checked: explain any functional limitations of the child that may require the provider to care for one less child in this child's age group (refer to the adult to child ratios).
3. If block #3 is checked: explain any functional limitations of the child that demand a similar amount of care, attention, and supervision as required for a child in a younger age group, and specify the younger age group this child needs to be counted in (refer to the adult to child ratios).

The completed form is to be sent by the provider to the family day home's regional licensing representative. After considering the recommendation, the licensing representative will notify the provider of a final determination for staffing requirements or for any capacity limitations determined as necessary to adequately meet the needs of all children in care.

The recommendation for staffing shall be reviewed annually by all involved parties to consider any changes in the child's level of functioning.

ADDITIONAL COMMENTS RELATED TO STAFFING RECOMMENDATION